

Cyber Liability/ Data Breach Insurance



Request for quote

First name	Last name	Entity / Practice name(s)
Practice address location(s) <i>(please list all locations and include city, state and ZIP)</i>		
Please contact me via: <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____		
Number of part-time doctors in your practice (less than 20 hours per week):		
Number of full-time doctors in your practice (20 hours per week or more):		
How frequently do you conduct interactive phishing training for all employees? <input type="checkbox"/> Never/not regularly <input type="checkbox"/> Annually <input type="checkbox"/> ≥2x per year		
Do you enforce multi-factor authentication (MFA) for <u>all user accounts</u> (other than Domain Administrator accounts) when accessing your network remotely? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Remote access not permitted MFA includes but is not limited to the following: a call, SMS, push notification, time-based one-time password, OATH token, hardware token, device pinning, authenticator apps, biometrics, or a FIDO2 key (e.g., YubiKey, RSA SecurID). "User accounts" include employees and (where applicable) students, volunteers, interns, third-party contractors, and any other persons with a user account on your network.		
a. Do you permit users remote access to web-based email (e.g., Outlook Web Access (OWA))? <input type="checkbox"/> No <input type="checkbox"/> Yes b. If "Yes" to a., do you enforce MFA for access to web-based email? <input type="checkbox"/> No <input type="checkbox"/> Yes		
a. Do you rely on a cloud-based service as your backup location? <input type="checkbox"/> No <input type="checkbox"/> Yes b. If "Yes" to a., is your cloud-based backup service a "syncing service"? (E.g., DropBox, OneDrive, SharePoint, Google Drive) <input type="checkbox"/> No <input type="checkbox"/> Yes c. If "Yes" to a., have you determined how long it would take to restore all of your data from the cloud? <input type="checkbox"/> No <input type="checkbox"/> Yes, >1 week <input type="checkbox"/> Yes, >48 hours but <1 week <input type="checkbox"/> Yes, <48 hours		
How frequently do you perform a test restoration from backups? <input type="checkbox"/> Never/not regularly <input type="checkbox"/> Annually 2-3 times per year <input type="checkbox"/> Quarterly or more often		
a. Have you had any cyber claims or data breach claims in the last five years? <input type="checkbox"/> No <input type="checkbox"/> Yes b. If "yes" to a., please provide details.		

If you have questions, please contact Melanie Adler via email at madler@mdaifg.com or call 800-860-2272, ext. 464.

Email your completed request form to: commins@mdaifg.com
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